

# POST ELIGIBILITY TREATMENT of INCOME (PETI)

For HCBS Case Managers

Department of Health Care Policy and Financing

August 2018



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# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# TOPICS

- PETI in Waiver Regulations
- Important PETI Tips
- Update of Changes to PETI on the Bridge
- Bridge Processes for PETI
- Common Questions about PETI

# HCBS-EBD

## CALCULATION OF CLIENT PAYMENT (PETI)

10 CCR 2505-10 8.486.60



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Case managers calculate PETI for individuals enrolled in HCBS-EBD who are 300% eligible as follows:

- For individuals who do not reside in an Alternative Care Facility (ACF), case managers allow an amount equal to the 300% standard as the client maintenance allowance. No other deductions are necessary and no form is required to be completed.
- For individuals who do reside in an Alternative Care Facility (ACF), the case manager shall complete a State-prescribed form. Depending on each individual's situation, the State-prescribed form calculates the individual's payment amount for room and board.



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Case managers shall inform individuals enrolled in HCBS-EBD who reside in an Alternative Care Facility of their payment obligation on a form prescribed by the state at the time of the first assessment visit; by the end of each plan period; or within ten (10) working days whenever there is a significant change in the diem payment amount.

Significant change is defined as fifty dollars (\$50) or more.

Copies of payment forms shall be kept in the individual's file at the single entry point agency, and shall not be mailed to the State or its agent except as required for a prior authorization request, or if requested for monitoring purposes.



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# HCBS-CMHS

CLIENT PAYMENT OBLIGATION - POST ELIGIBILITY  
TREATMENT OF INCOME (PETI)

10 CCR 2505-10 8.509.17



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Case managers calculate PETI for individuals enrolled in HCBS-CMHS who are 300% eligible as follows:

- For individuals who do not reside in an Alternative Care Facility (ACF), case managers allow an amount equal to the 300% standard as the client maintenance allowance. No other deductions are necessary and no form is required to be completed.
- For individuals who do reside in an Alternative Care Facility (ACF), the case manager shall complete a State-prescribed form. Depending on each individual's situation, the State-prescribed form calculates the individual's payment amount for room and board.



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Case managers shall inform individuals enrolled in HCBS-CMHS who reside in an Alternative Care Facility of their payment obligation on a form prescribed by the state at the time of the first assessment visit by the end of each plan period; or within ten (10) working days whenever there is a significant change in the client payment amount.

Significant change is defined as fifty dollars (\$50) or more.

Copies of payment forms shall be kept in the individual's file at the case management agency, and shall not be mailed to the State or its agent, except as required for a prior authorization request, or if requested for monitoring purposes.



# HCBS-BI

## CALCULATION OF CLIENT PAYMENT (PETI)

10 CCR 2505-10 8.515.85



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The State may reduce Medicaid payment for SLP residential services for individuals determined eligible for Home and Community Based Services (HCBS) under the 300% income standard.

- Case managers calculate PETI for individuals enrolled in HCBS-BI, who are 300% eligible, and who receive residential services by completing a State-prescribed form which calculates the client payment.



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Case managers shall inform individuals enrolled in HCBS-BI who are receiving residential services of their payment obligation on a form prescribed by the state at the time of the first assessment visit by the end of each plan period; or within ten (10) working days whenever there is a significant change in the client payment amount.

Significant change is defined as fifty dollars (\$50) or more.

Copies of payment forms shall be kept in the individual's file at the case management agency, and shall not be mailed to the State or its agent, except as required for a prior authorization request, or if requested for monitoring purposes.



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# IMPORTANT PETI TIPS



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# IMPORTANT PETI TIPS

## Order of completion

Always complete PETI worksheet in the Bridge first  
Complete PPA in the Bridge second

## Print out PETI Worksheet from the Bridge

Obtain signature of individual

Provide a copy to the service provider



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# UPDATE OF CHANGES TO PETI ON THE BRIDGE



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# UPDATE OF CHANGES

9/15/18 Automation on Bridge to begin:

Accurate PETI worksheets/PPAs necessary

Revisions must be completed by C.O.B. 9/14/18

Case managers must verify accuracy of auto-generated PETI worksheets/PPA line items prior to 10/1/18

10/1/18 Rate change effective for ACF:

New PETI worksheet on the Bridge

New line item on PPA in the Bridge



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# COMPLETION OF PETI WORKSHEET ON THE BRIDGE



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# PETI WORKSHEET ON BRIDGE

Required for:

- Individuals enrolled in HCBS-EBD or HCBS-CMHS receiving Alternative Care Facility (ACF) benefit
- Individuals enrolled in HCBS-BI receiving Supported Living Program (SLP) benefit

PETI Worksheet designed to:

Calculate individual's portion of payment for ACF/SLP services

Calculate Medicaid's portion of payment for ACF/SLP services

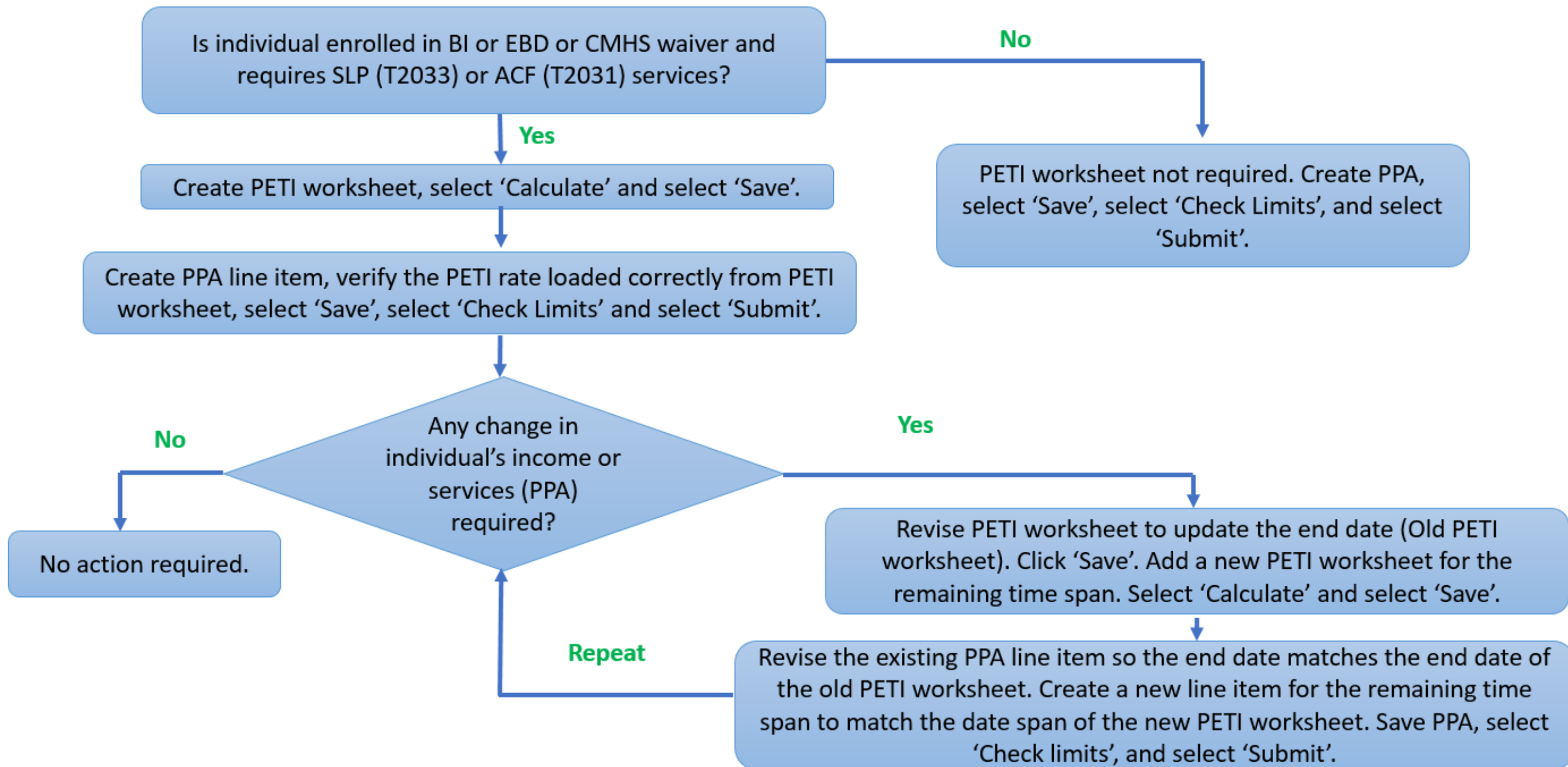
Printed from Bridge for individual's signature and distribution to service provider



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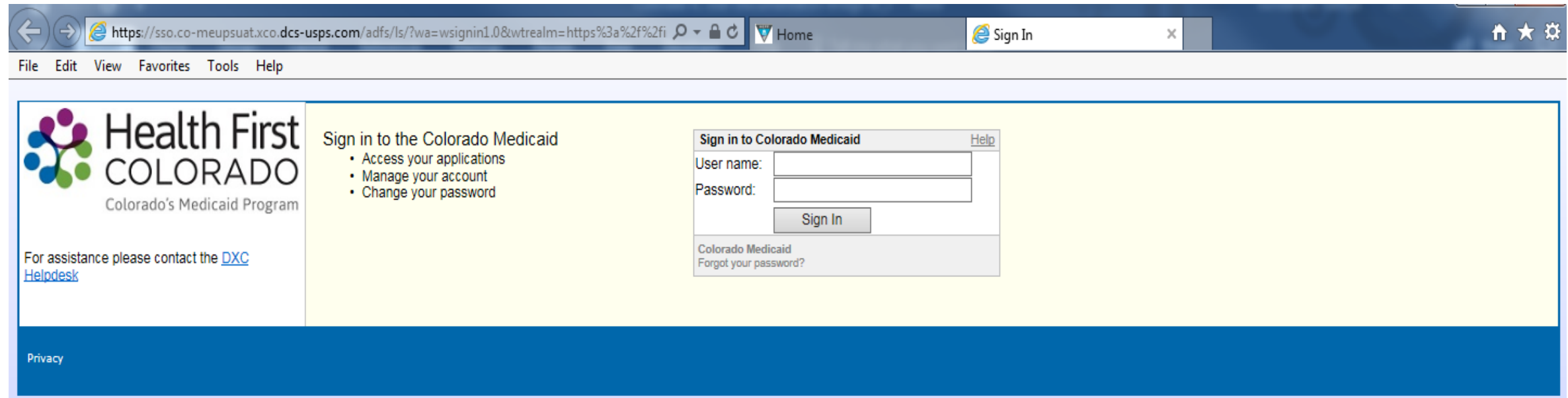
Department of Health Care  
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## PETI Process Flowchart (New and Revised PARs)



# STEPS TO ENTER PETI WORKSHEET

1.

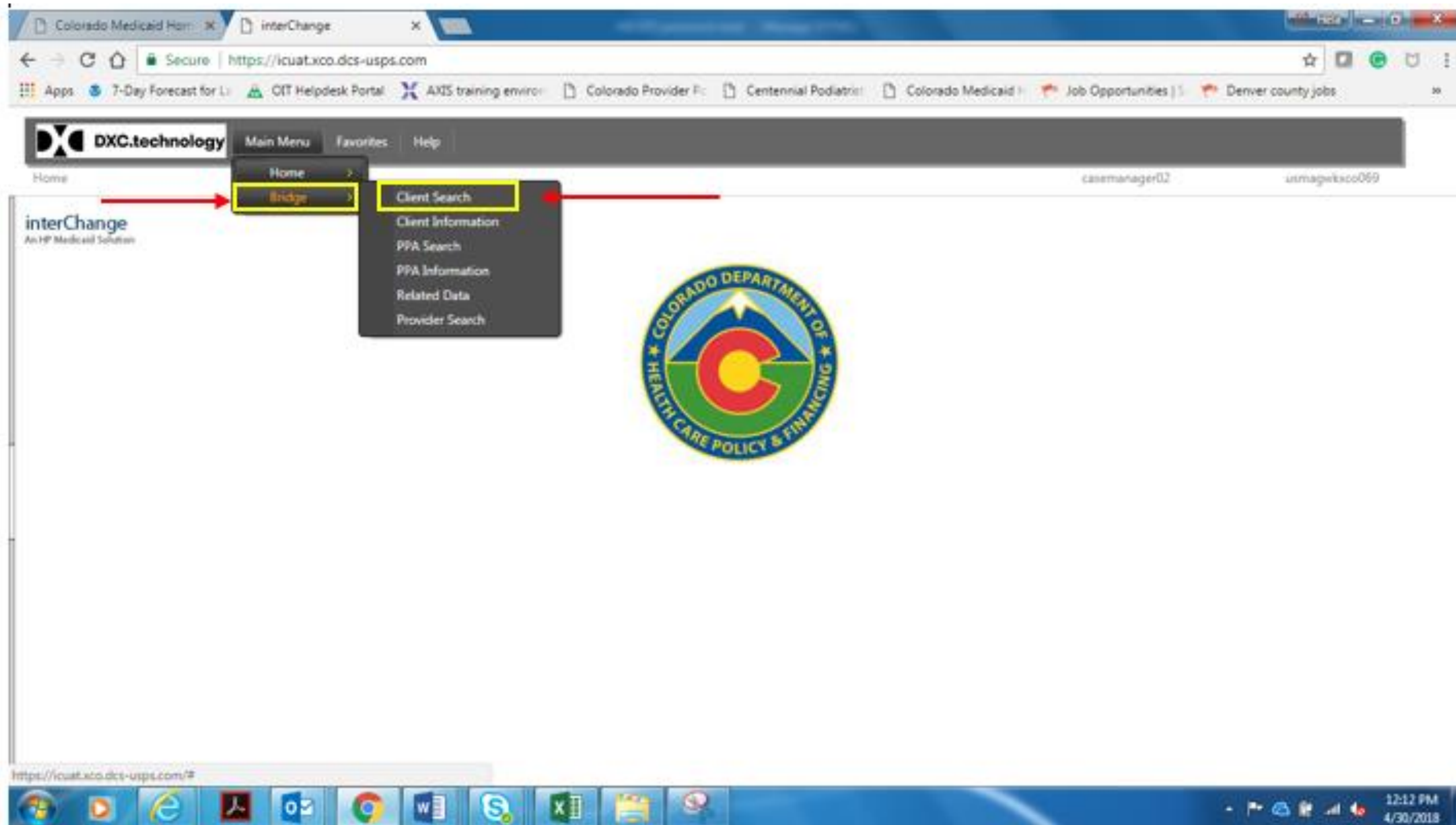


The screenshot shows a web browser window with the URL <https://sso.co-meupsuat.xco.dcs-usps.com/adfs/ls/?wa=wsignin1.0&wtrealm=https%3a%2f%2f>. The page features the Health First Colorado logo and the text "Sign in to the Colorado Medicaid". Below this, there are links for "Access your applications", "Manage your account", and "Change your password". A sign-in form is present with fields for "User name:" and "Password:", a "Sign In" button, and a "Forgot your password?" link. The footer includes a "Privacy" link.

2.

## Applications

Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Authorization Request</a>	This is the Authorization Request workflow application
<a href="#">AXIS Production</a>	Production AXIS Application
<a href="#">Production InterChange</a>	Production InterChange Environment



**DXC.technology** Main Menu Favorites Help

Bridge > Client Search

@neTouch  
Recent Searches

Client ID

SSN

Last Name

First Name

Records 20

Related Pages

No links for this page

|

**OR**

**DXC.technology** Main Menu Favorites MITA Steps Help

Bridge > Client Information

@neTouch  
Quick Search

Client ID

Recent Searches

Home >  
Bridge >  
Letter Generator

Client Search  
**Client Information**  
PPA Search  
PPA Information  
Related Data  
Provider Search

\*\*\* No rows found \*\*\*

PETI Type

TLP Tier Level

SLP Provider

Eff Date (enter date on PA line item)

End Date (enter date on PA line item)

Calculated Days of Service

Client's Gross Monthly Income (from all sources)

Client's Gross Monthly Income Long Term Care Insurance Amount

Subtract Taxable Amount

**Subtotal Gross Monthly Income**

Subtract Federal Income Disregard and Old Age Pension

Subtract Maintenance Allowance for Spouse

Subtract Maintenance Allowance for Children

Subtract Maintenance Allowance for Other Family Member

**Total Maintenance Allowance Family Members and Others**

Subtract Allowance for Client's Non-covered Medical Needs

Calculated Client Obligation to Provider for Service Payment

Determined Client Obligation to  
Provider for Service Payment

Standard Room and Board Rate

**Total Monthly Client Payment to Provider for Services**

Client Remaining Income (Personal needs Allowance)

Monthly amount billable by Provider to  
fiscal agent for remaining Provider Services.

Daily Medicaid Payment For Services Provider Daily Reimbursement

Override:



Open Tab save cancel help Audit Show All

Client

☒ Agency  
☒ Base Information  
☒ CDASS TASK WS  
☒ Goals  
☐ Inventory Needs  
☐ Override  
☒ PETI  
☐ Risk

Client ID Y1291  
 SSN 123-8  
 Gender F  
 Birth Date 01/01/1947  
 Death Date  
 Age 71  
 Race 2 - White  
 Ethnicity 00 Not Applicable  
 Language ENG - English  
 County Denver

Address 1  
 Address 2  
 Address 3  
 City DENVER  
 State CO  
 ZIP 80134  
 ZIP+4 1111  
 Phone (303)000-0000  
 Phone Type Home  
 Add Phone (303)000-0000  
 Add Type

Active Active  
 Benefit Plan EBD 01/01/2014-12/31/2299  
 Home Lvg Score 0  
 Comm Lvg Score 0  
 Hlth & Safety Score 0  
 Med Needs Score 0  
 Behavioral Needs Score 0  
 SIS Survey Date 1/1/0001 12:00:00 AM  
 Calc DD Level  
 Calc SLS Level





Client ID	V129188	Name	PUDDING APPLE	Active	Active
SSN	123-88-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc OD Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information		Agency	CDASS TASK WS	Goals	Inventory Needs	Override	PETI X	Risk										
PETI Number	EM Date	EM Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
2				0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	07/01/2018	06/30/2019	Alternative Care Facility	365	\$0.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$892.00	\$892.00	\$0.00	\$1,579.41	\$51.92

**PETI Type** ▼

**TLP Tier Level** ▼

**SLP Provider** ▼

EM Date (enter date on PA line item)   /  /  

End Date (enter date on PA line item)   /  /  

Calculated Days of Service   

Client's Gross Monthly Income (from all sources) \$0.00

Client's Gross Monthly Income Long Term Care Insurance Amount \$0.00

Subtract Taxable Amount \$0.00

**Subtotal Gross Monthly Income** \$0.00

Subtract Federal Income Disregard and Old Age Pension \$0.00

**Dropdown menu options**

- Alternative Care Facility
- Supported Living Program
- Transitional Living Program

# ALTERNATIVE CARE FACILITY (ACF) WORKSHEET



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Base Information		Agency	CDASS TASKS	Goals	Inventory Needs	Override	PETI	Risk										
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACP for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
2	07/01/2019	06/30/2020	Alternative Care Facility	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	07/01/2018	06/30/2019	Alternative Care Facility	365	\$0.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$882.00	\$882.00	\$0.00	\$1,579.41	\$51.92

**PETI Type** Alternative Care Facility  
**TLP Tier Level**  
**SLP Provider**  
**Eff Date (enter date on RA line item)** 7/1/2019  
**End Date (enter date on RA line item)** 6/30/2020  
**Calculated Days of Service** 0

**Client's Gross Monthly Income (from all sources)** \$808.00  
**Client's Gross Monthly Income Long Term Care Insurance Amount** \$200.00  
**Subtotal Gross Monthly Income** \$0.00  
**Subtotal Federal Income Disregard and Old Age Pension** \$0.00

**Subtotal Maintenance Allowance Family Members and Others** \$0.00  
**Subtotal Allowance for Client's Non-covered Medical Needs** \$0.00  
**Calculated Client Obligation to Provider for Service Payment** \$0.00  
**Determined Client Obligation to Provider for Service Payment** \$0.00  
**Standard Room and Board Rate** \$0.00  
**Total Monthly Client Payment to Provider for Services** \$0.00  
**Client Remaining Income (Personal needs Allowance)** \$0.00  
**Monthly amount billable by Provider to fiscal agent for remaining Provider Services** \$0.00  
**Daily Medicaid Payment For Services Provider Daily Reimbursement** \$0.00

**Overrides**  
 \$0.00  
 \$0.00  
 \$0.00  
 \$0.00

delete add Show Blank Sheet **Calculate** Print

Client ID: Y129188 Name: PUDDING, APPLE Active: Active  
 SSN: 123-89-4567 Address: 1234 E TEST ST Benefit Plan: ESD 01/01/2014-12/31/2299  
 Gender: F Address 1: APT 123  
 Birth Date: 01/01/1947 Address 3:  
 Death Date: City: DENVER  
 Age: 71 State: CO  
 Race: 2 - White ZIP: 80134  
 Ethnicity: 00 Not Applicable ZIP+4: 1111  
 Language: ENG - English Phone: (303)000-0000  
 County: Denver Phone Type: Home  
 Add Phone: (303)000-0000  
 Add Type:  
 Home Lvg Score: 0  
 Comm Lvg Score: 0  
 Hth & Safety Score: 0  
 Med Needs Score: 0  
 Behavioral Needs Score: 0  
 SES Survey Date: 1/1/0001 12:00:00 AM  
 Calc OD Level:  
 Calc SLS Level:

Base Information			Agency	CDASS TASK WS	Goals	Inventory Needs	Override	PETI X	Risk									
PETI Number	EF Date	BF Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
2	07/01/2019	06/30/2020	Alternative Care Facility	366	\$0.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$892.00	\$892.00	\$0.00	\$1,579.41	\$51.92
1	07/01/2018	06/30/2019	Alternative Care Facility	365	\$0.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$892.00	\$892.00	\$0.00	\$1,579.41	\$51.92

PETI Type: Alternative Care Facility  
 TLP Tier Level:  
 SLP Provider:  
 EF Date (enter date on PA line item): 7/1/2019  
 End Date (enter date on PA line item): 6/30/2020  
 Calculated Days of Service: 365  
 Client's Gross Monthly Income (from all sources): \$0.00  
 Client's Gross Monthly Income Long Term Care Insurance Amount: \$200.00  
 Subtract Taxable Amount: \$15.00  
 Subtotal Gross Monthly Income: \$185.00  
 Subtract Federal Income Disregard and Old Age Pension: \$808.00  
 Subtract Maintenance Allowance for Spouse: \$0.00  
 Subtract Maintenance Allowance for Children: \$0.00  
 Subtract Maintenance Allowance for Other Family Member: \$0.00  
 Total Maintenance Allowance Family Members and Others: \$0.00  
 Subtract Allowance for Client's Non-covered Medical Needs: \$0.00  
 Calculated Client Obligation to Provider for Service Payment: \$0.00  
 Determined Client Obligation to Provider for Service Payment: \$0.00  
 Standard Room and Board Rate: \$892.00  
 Total Monthly Client Payment to Provider for Services: \$892.00  
 Client Remaining Income (Personal needs Allowance): \$0.00  
 Monthly amount billable by Provider to fiscal agent for remaining Provider Services: \$1,579.41  
 Daily Medicaid Payment For Services Provider Daily Reimbursement: \$51.92  
 Override: \$0.00  
 \$0.00  
 \$892.00  
 \$0.00  
 \$185.00  
 delete add Calculate Show Blank Sheet

# SUPPORTED LIVING PROGRAM (SLP) WORKSHEET



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Base Information		Agency	CDASS TASK W/	Goals	Inventory Needs	Override	PETI	Risk										
PETI Number	EF Date	EF Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1			Supported Living Program	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PETI Type

Supported Living Program

TLP Tier Level

▼

SLP Provider

EF Date (enter date on PA line item)

End Date (enter date on PA line item)

Calculated Days of Service

Client's Gross Monthly Income (from all sources)

Client's Gross Monthly Income Long Term Care Insurance Amount

Subtract Taxable Amount

Subtotal Gross Monthly Income

Subtract Federal Income Disregard and Old Age Pension

Subtract Maintenance Allowance for Spouse

Subtract Maintenance Allowance for Children

39925722 -A WILDFLOWER ASSISTED LIVING -3551 E 117TH AVE

39925722 -A WILDFLOWER ASSISTED LIVING -3551 E 117TH AVE

04405374 -A WILDFLOWER ASSISTED LIVING A -9423 W 64TH AVE

04405374 -A WILDFLOWER ASSISTED LIVING A -9423 W 64TH AVE

20180701-22990231

20180701-20180630

20180701-22990231

20180501-20180630

Rate and validity period in YYYYMMDD format.

Override

\$0.00

\$0.00

1. Select the PETI type as SLP then TLP tier level will get disabled.
2. Select the SLP Provider for the appropriate cert period.



Message Description Panel Field Row  
Base Information - Save was Successful Base Information

Client ID	1129188	Name	FUDONG, APPLE	Active	Active
SSN	123-88-4567	Address	1234 E 10TH ST	Benefit Plan	USD 01/01/2016-12/31/2199
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Log Score	0
Death Date		City	DENVER	Coma Log Score	0
Age	71	State	CO	Hm & Safety Score	0
Race	2 - White	ZIP	80204	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	IS Survey Date	1/1/2001 12:00:00 AM
County	Denver	Phone Type	Phone	Cals DO Level	
		Add Phone	(303)000-0000	Cals SLS Level	
		Add Type			

Base Information				Agency	EDWIS TASK W/	Goals	Inventory Needs	Disability	PETI	PK	RIA							
PETI Number	EF Date	EF Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1			Supported Living Program	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PETI Type: Supported Living Program

SLP Tier Level: 1

SLP Provider: 20613722 -4 WILDFLOWER ASSISTED LIVING -5511 E 117TH AVE - (303)80761-22961111

EF Date (enter date on RA line item): 10/1/2017

End Date (enter date on RA line item): 4/30/2018

Calculated Days of Service: 0

Client's Gross Monthly Income (from all sources): \$0.00

Client's Gross Monthly Income Long Term Care Insurance Amount: \$0.00

Subtract Taxable Amount: \$0.00

Subtotal Gross Monthly Income: \$0.00

Subtract Federal Income Disregard and CM Age Pension: \$0.00

Subtract Maintenance Allowance for Spouse: \$0.00

Subtract Maintenance Allowance for Children: \$0.00

Subtract Maintenance Allowance for Other Family Member: \$0.00

Total Maintenance Allowance Family Members and Others: \$0.00

Subtract Allowance for Client's Non-covered Medical Needs: \$0.00

Calculated Client Obligation to Provider for Service Payment: \$0.00

Determined Client Obligation to Provider for Service Payment: \$0.00

Standard Room and Board Rate: \$0.00

Total Monthly Client Payment to Provider for Services: \$0.00

Client Remaining Income (Personal needs Allowance): \$0.00

Monthly amount billable by Provider to fiscal agent for remaining Provider Services: \$0.00

Daily Medicaid Payment For Services Provider Daily Reimbursement: \$0.00

Override: \$0.00

Calculate



# PRINTING PETI WORKSHEET



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1.

Open Tab save cancel help Audit Show All

Message Description Panel Field Row

Base Information - Save was Successful Base Information

Client ID	Y129188	Name	PUDDING APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hlth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SLS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc DO Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information		Agency	CDASS TASK WS	Goals	Inventory Needs	Override	Risk	PETI	PETI Audit History									
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Client Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	10/01/2017	09/30/2018	Alternative Care Facility	365	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92

PETI Type Alternative Care Facility

TLP Tier Level

SLP Provider

Eff Date (enter date on PA line item) 10/1/2017

End Date (enter date on PA line item) 9/30/2018

Calculated Days of Service 365

Client's Gross Monthly Income (from all sources) \$0.00

Client's Gross Monthly Income Long Term Care Insurance Amount \$0.00

Subtract Taxable Amount \$0.00

**Subtotal Gross Monthly Income** \$0.00

Subtract Federal Income Disregard and Old Age Pension \$793.00

Subtract Maintenance Allowance for Spouse \$0.00

Subtract Maintenance Allowance for Children \$0.00

Subtract Maintenance Allowance for Other Family Member \$0.00

**Total Maintenance Allowance Family Members and Others** \$0.00

Subtract Allowance for Client's Non-covered Medical Needs \$0.00

Calculated Client Obligation to Provider for Service Payment \$0.00

Determined Client Obligation to Provider for Service Payment \$0.00

Standard Room and Board Rate \$677.00

**Total Monthly Client Payment to Provider for Services** \$677.00

Client Remaining Income (Personal needs Allowance) \$0.00

Monthly amount billable by Provider to fiscal agent for remaining Provider Services \$1,579.41

Daily Medicaid Payment For Services Provider Daily Reimbursement \$51.92

Overrides

\$0.00

\$0.00

\$677.00

\$677.00

(\$677.00)

delete add Show Blank Sheet Calculate Print

2.

Do you want to open or save PETIXML.20180727.SAK.10060847.pdf (165 KB) from icuat.xco.dcs-usps.com?

Open

Save

Cancel



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## COLORADO

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PO Box 30 Denver, CO 80202

### Home and Community Based Services Alternative Care Facility 300% Special Income Post Eligibility Treatment of Income

Name: APPLE PUDDING  
Medicaid ID: Y129188  
SSN: 123894567  
DOB: 01/01/1947  
Gender: F  
County: Denver  
PETI Type: Alternative Care Facility  
TLP Tier Level:  
PETI Start Date: 10/01/2017  
PETI End Date: 09/30/2018

Case Management Agency: Developmental Pathways  
Case Manager: Ravi Packirisamy  
Case Manager Email: Ravichandran.Packirisamy@hcpf.state.co.us  
Case Manager Phone Number:

Gross Monthly Income (all sources):	\$0.00
Gross Monthly Income Long Term Care Insurance Amount	\$0.00
Taxable Amount	\$0.00
Subtotal Gross Monthly Income	\$0.00
Total Maintenance Allowance for Family Members and Others	\$0.00
Non-Covered Medial Expenses:	\$0.00

ACF/SLP/TLP Provider:  
Address:  
Email:  
Phone #:

Determined Client Obligation to Provider for Service Payment:	\$0.00
Client Payment for Room & Board:	\$677.00
Total Monthly Client Payment to provider for services:	\$677.00
Client Personal Needs Amount:	\$0.00

Monthly amount billable by Provider to fiscal agent for For remaining Provider Services:	\$1579.41
---	-----------

Medicaid Payment for Services (Daily):	\$51.92
--	---------

I have reviewed the information included on this page and understand that the payments indicated here are due beginning and the 1st of each following month I receive services. I agree to report immediately to my case manager changes of \$50 or more in income, expenses, or household makeup which affect my payment amount.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



## COLORADO

Department of Health Care  
Policy & Financing

# REVISING PETI WORKSHEET



**COLORADO**

Department of Health Care  
Policy & Financing

Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	ESO 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3			
Death Date		City	DENVER	Home Lvg Score	0
Age	71	State	CO	Comm Lvg Score	0
Race	2 - White	ZIP	80134	Hlth & Safety Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Med Needs Score	0
Language	ENG - English	Phone	(303)000-0000	Behavioral Needs Score	0
County	Denver	Phone Type	Home	SIS Survey Date	1/1/0001 12:00:00 AM
		Add Phone	(303)000-0000	Calc DD Level	
		Add Type		Calc SLS Level	

Base Information		Agency		CDASS TASK WS		Goals	Inventory Needs	Override	Risk	PETI									
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement	
1	10/01/2017	09/30/2018	Alternative Care Facility	365	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92	

Client ID	Y123188	Name	PUDGING, APPLE	Active	Active
SSN	123-45-678	Address	1234 E TEST ST	Benefit Plan	CO-01/01/2004-12/31/2026 ✓
Gender	F	Address 2	APT 123	Home Log Score	0
Birth Date	05/05/1947	Address 3		Comm Log Score	0
Death Date		City	DENVER	Wish & Safety Score	0
Age	71	State	CO	Mind Needs Score	0
Race	0 - White	ZIP	80134	Behavioral Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	0111	SD Survey Date	1/1/2021 12:00:00 AM
Language	ENG - English	Phone	(303)000-0000	Calc CO Level	
County	Denver	Phone Type	Home	Calc SLS Level	
		Add Phone	(303)000-0000		
		Add Type			

**PETI Type** Alternative Care Facility  
**TUP Tier Level**   
**SLP Provider**   
**Eff Date (enter date on PA line item)** 10/1/2017   
**End Date (enter date on PA line item)** 6/30/2018   
**Calculated Days of Service** 271   
**Client's Gross Monthly Income (from all sources)** \$0.00   
**Client's Gross Monthly Income Long Term Care Insurance Amount** \$0.00   
**Subtract Taxable Amount** \$0.00   
**Subtotal Gross Monthly Income** \$0.00   
**Subtract Federal Income Disregard and Old Age Pension** \$790.00   
**Subtract Maintenance Allowance for Spouse** \$0.00   
**Subtract Maintenance Allowance for Children** \$0.00   
**Subtract Maintenance Allowance for Other Family Member** \$0.00   
**Total Maintenance Allowance Family Members and Others** \$0.00   
**Subtract Allowance for Client's Non-covered Medical Needs** \$0.00   
**Calculated Client Obligation to Provider for Service Payment** \$0.00   
**Determined Client Obligation to Provider for Service Payment** \$0.00   
**Standard Room and Board Rate** \$677.00   
**Total Monthly Client Payment to Provider for Services** \$677.00   
**Client Remaining Income (Personal needs Allowance)** \$0.00   
**Monthly amount billable by Provider to fiscal agent for remaining Provider Services.** \$1,379.41   
**Daily Medicaid Payment For Services Provider Daily Reimbursement** \$51.92

# DELETING PETI WORKSHEET



**COLORADO**

Department of Health Care  
Policy & Financing

Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hlth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc DO Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information		Agency		CDASS TASK WS		Goals	Inventory Needs	Override	Risk	PETI									
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement	
1	10/01/2017	06/30/2018	Alternative Care Facility	273	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92	
2	07/01/2018	09/30/2018	Alternative Care Facility	92	\$1,200.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$692.00	\$692.00	\$0.00	\$1,579.41	\$51.92	



Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc DD Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information			Agency	CDASS TASK WS	Goals	Inventory Needs	Override	Risk	PETI									
PETI Number	Eff Date	Exp Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	10/01/2017	06/30/2018	Alternative Care Facility	273	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92
2	07/01/2018	09/30/2018	Alternative Care Facility	92	\$1,200.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$692.00	\$692.00	\$0.00	\$1,579.41	\$51.92

PETI Type: Alternative Care Facility

TLP Tier Level:

SLP Provider:

Eff Date (enter date on PA line item): 7/1/2018

End Date (enter date on PA line item): 9/30/2018

Calculated Days of Service: 92

Client's Gross Monthly Income (from all sources): \$1,200.00

Client's Gross Monthly Income Long Term Care Insurance Amount: \$0.00

Subtract Taxable Amount: \$0.00

**Subtotal Gross Monthly Income**: \$0.00

Subtract Federal Income Disregard and Old Age Pension: \$808.00

Subtract Maintenance Allowance for Spouse: \$0.00

Subtract Maintenance Allowance for Children: \$0.00

Subtract Maintenance Allowance for Other Family Member: \$0.00

**Total Maintenance Allowance Family Members and Others**: \$0.00

Subtract Allowance for Client's Non-covered Medical Needs: \$0.00

Calculated Client Obligation to Provider for Service Payment: \$0.00

Determined Client Obligation to Provider for Service Payment: \$0.00

Standard Room and Board Rate: \$692.00

**Total Monthly Client Payment to Provider for Services**: \$692.00

Client Remaining Income (Personal needs Allowance): \$0.00

Monthly amount billable by Provider to fiscal agent for remaining Provider Services: \$1,579.41

Daily Medicaid Payment For Services Provider Daily Reimbursement: \$51.92

Override: \$0.00

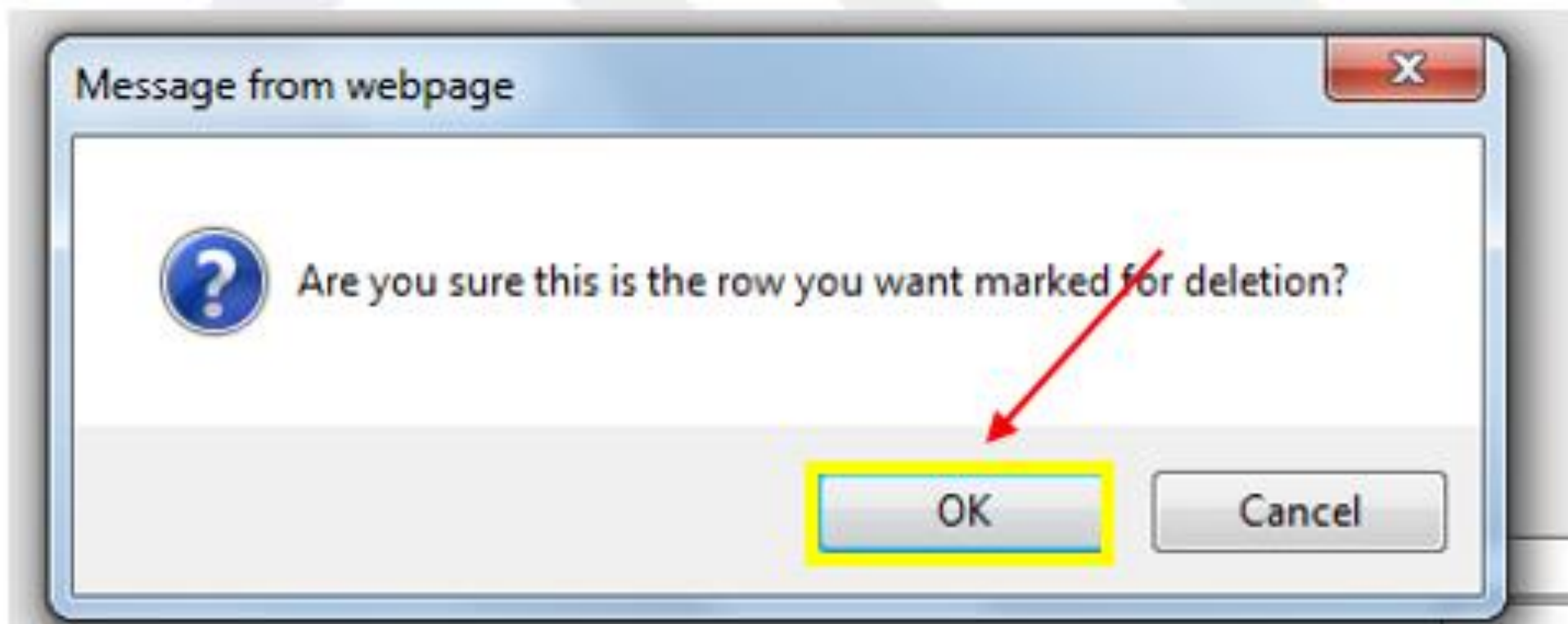
Override: \$0.00

Override: \$692.00

Override: \$0.00

Override: \$0.00

**delete** **add** **ReCalculate** **Show Blank Sheet**



Open Tab
**Save**
Cancel
Help
Audit
Show All

Client ID	Y129188	Name	PUDDING, APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	EBD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc DO Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information		Agency	CDASS TASK WS	Goals	Inventory Needs	Override	Risk	PETI X											
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement	
1	10/01/2017	06/30/2018	Alternative Care Facility	273	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92	
2	07/01/2018	09/30/2018	Alternative Care Facility	92	\$1,200.00	\$808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$392.00	\$392.00	\$692.00	\$1,084.00	\$116.00	\$1,187.41	\$39.03	

Open Tab save cancel help Audit Show All

Message Description	Panel	Field	Row
Base Information - Save was Successful	Base Information		

Client ID	Y129188	Name	PUDDING APPLE	Active	Active
SSN	123-89-4567	Address	1234 E TEST ST	Benefit Plan	ESD 01/01/2014-12/31/2299
Gender	F	Address 2	APT 123		
Birth Date	01/01/1947	Address 3		Home Lvg Score	0
Death Date		City	DENVER	Comm Lvg Score	0
Age	71	State	CO	Hth & Safety Score	0
Race	2 - White	ZIP	80134	Med Needs Score	0
Ethnicity	00 Not Applicable	ZIP+4	1111	Behavioral Needs Score	0
Language	ENG - English	Phone	(303)000-0000	SIS Survey Date	1/1/0001 12:00:00 AM
County	Denver	Phone Type	Home	Calc OD Level	
		Add Phone	(303)000-0000	Calc SLS Level	
		Add Type			

Base Information		Agency	COASS TASK WS	Goals	Inventory Needs	Override	Risk	PETI		X								
PETI Number	Eff Date	Eff Date	PETI Type	Calculated Days of Service	Client's Gross Monthly Income	Federal Income Disregard	Allowance for Spouse	Override Allowance for Spouse	Allowance for Children	Override Allowance for Child	Client's Non-covered Medical Needs	Client Obligation to ACF for Service Payment	Determined Client Obligation	Standard Room and Board Rate	Monthly Clients Payment	Client Personal Amount	Monthly Agent Billable	Provider Daily Reimbursement
1	10/01/2017	06/30/2018	Alternative Care Facility	273	\$0.00	\$793.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$677.00	\$677.00	\$0.00	\$1,579.41	\$51.92




# COMPLETION OF PRE-PRIOR AUTHORIZATION (PPA) ON BRIDGE



**COLORADO**

Department of Health Care  
Policy & Financing




 **DXC.technology** | **Main Menu** | Favorites | Help

Home

**interChange**  
An HP Medicaid Solution

- Home >
- Bridge >**
  - Client Search
  - Client Information
  - PPA Search
  - PPA Information**
  - Related Data
  - Provider Search
- Letter Generator



Base Information	Line Item	Messages	CDASS Allocation	External Text	Internal Text
MMIS PA Number <input type="text"/> Bridge PPA Number <input type="text" value="0"/> PA Status <input type="text" value="INACTIVE"/> Process Status <input type="text" value="Work In Progress"/> Amendment Status <input type="text"/> Process Status Date <input type="text" value="07/26/2018"/> Choose Benefit Plan <input type="text"/> Provider ID <input type="text" value="40770141"/>	<div> <input type="text" value="Client ID*"/> <input type="button" value="Search"/> </div> <div> Client Last Name <input type="text"/>  Client First Name <input type="text"/>  DOB <input type="text"/>  Support Level <input type="text"/>  Receive Alert <input type="text" value="NO"/>  Cert Start Date <input type="text"/> <input type="button" value="Calendar"/>  Cert End Date <input type="text"/> <input type="button" value="Calendar"/>  Authorized SPAL/CES Limit <input type="text"/>  Total SPAL/CES Spend <input type="text" value="\$0.00"/>  HCBS AVG Daily Cost <input type="text" value="\$0.00"/>  LTHH AVG Daily Cost* <input type="text"/>  Total AVG Daily Cost <input type="text" value="\$0.00"/> </div>				

Base Information X Line Item X Messages X CDASS Allocation X External Text X Internal Text X

MMIS PA Number   
Bridge PPA Number   
PA Status   
Process Status   
Amendment Status   
Process Status Date   
Choose Benefit Plan   
Provider ID

Client ID\*   
Client Last Name   
Client First Name   
DOB   
Support Level   
Receive Alert   
Cert Start Date   
Cert End Date   
Authorized SPAL/CES Limit   
Total SPAL/CES Spend   
HCBS AVG Daily Cost   
LTHH AVG Daily Cost\*   
Total AVG Daily Cost

Search

Client ID

Client ID  Last Name   
First Name  SSN   
search clear

\*\*\* No rows found \*\*\*



Client ID\*

Client Last Name

Client First Name

DOB

Support Level

Receive Alert

Cert Start Date

Cert End Date

Authorized SPAL/CES Limit

Total SPAL/CES Spend

HCBS AVG Daily Cost

LTHH AVG Daily Cost\*

Total AVG Daily Cost

Search

Client ID

Client ID

Y129188

Last Name

First Name

SSN

search

clear

Client ID	Fisrt Name	Last Name	DOB	SSN
Y129188	APPLE	PUDDING	19470101	123894567

MMIS PA Number		Client ID	Y129188
Bridge PPA Number	0	Client Last Name	PUDDING
PA Status	IN ACTIVE	Client First Name	APPLE
Process Status	Work In Progress	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date		Receive Alert	NO
Selected Benefit Plan		Cert Start Date	
Provider ID	40770141	Cert End Date	
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$0.00
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$0.00

Sync Check Limits Submit PPA Delete Print

Base Information Line Item Messages CDASS Allocation External Text Internal Text

MMIS PA Number		Client ID*	Y129188	Search
Bridge PPA Number	0	Client Last Name	PUDDING	
PA Status	INACTIVE	Client First Name	APPLE	
Process Status	Work In Progress	DOB	01/01/1947	
Amendment Status		Support Level		
Process Status Date	07/26/2018	Receive Alert	NO	
Choose Benefit Plan	254 - HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/1/2017	
Provider ID	40770141	Cert End Date	9/30/2018	
		Authorized SPAL/CES Limit		
		Total SPAL/CES Spend	\$0.00	
		HCBS AVG Daily Cost	\$0.00	
		LTHH AVG Daily Cost*		
		Total AVG Daily Cost	\$0.00	

Message Description	Panel	Field	Row
✔ Save was successful	Base Information		

MMIS PA Number

Bridge PPA Number

104996

PA Status

IN ACTIVE

Process Status

WORK IN PROGRESS

Amendment Status

Process Status Date

07/26/2018

Selected Benefit Plan

HCBS-Elderly, Blind and Disabled (EBD)

Provider ID

40770141

Current Benefit Plan

EBD 01/01/2014-12/31/2299

Claims Activity

☐

Client ID

Y129188

Client Last Name

PUDDING

Client First Name

APPLE

Client Birth Date

01/01/1947

Support Level

Receive Alert

NO

Cert Start Date

10/01/2017

Cert End Date

09/30/2018

Authorized SPAL/CES Limit

Total SPAL/CES Spend

\$0.00

HCBS AVG Daily Cost

\$0.00

LTHH AVG Daily Cost

\$0.00

Total AVG Daily Cost

\$0.00

Sync

Check Limits

Submit PPA

Delete

Print

Message Description	Panel	Field	Row
Save was successful	Base Information		

MNES PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	INACTIVE	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$0.00
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$0.00

\*\*\* No rows found \*\*\*

Line		Activities Of	Instrumental Activities of	Frequency Calculator
Rendering Provider ID		Daily Living :	Daily Living :	Unit Value
Provider Name		Bathing <input type="checkbox"/>	Hygiene <input type="checkbox"/>	No. Days/Hrs/Trips
Service		Dressing <input type="checkbox"/>	Medication Management <input type="checkbox"/>	Days/Wk
Service Description		Toileting <input type="checkbox"/>	Transportation <input type="checkbox"/>	No. of Weeks
Additional Service Description		Mobility <input type="checkbox"/>	Money Management <input type="checkbox"/>	No. of Months
Units		Transferring <input type="checkbox"/>	Shopping <input type="checkbox"/>	Recommended Units
Dollars		Eating <input type="checkbox"/>	Meal Preparation <input type="checkbox"/>	Max Amount
Eff Date		Supervision <input type="checkbox"/>	Laundry <input type="checkbox"/>	
End Date		Memory/Cognition <input type="checkbox"/>	Accessing Resources <input type="checkbox"/>	
Balance Units			House Work <input type="checkbox"/>	
Balance Dollars				
Quantity Used Dollars				
Quantity Used Units				
Claims First Paid Date				
Claims Last Paid Date				
Receive Alert?				
Alert Threshold				
Status				
Payment Method				
Claims Activity	<input type="checkbox"/>			

Goal1   
 Goal2   
 Goal3   
 Goal4   
 Goal5

## Bridge Service Codes:

Alternative Care Facility (ACF): T2031

Supported Living Program (SLP): T2033



**COLORADO**

Department of Health Care  
Policy & Financing

MMS PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	INACTIVE	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$0.00
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$0.00

Buttons: Sync Check Limits Submit PPA Delete Print

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01		T2031 -Alternative Care Facility U1	365.000	\$51.92			N	N	N

Line	01
Rendering Provider ID	
Provider Name	
Service	T2031 -Alternative Care Facility U1
Service Description	T2031 -Alternative Care Facility U1
Additional Service Description	
Units	365
Dollars	\$51.92
Eff Date	10/1/2017
End Date	9/30/2018
Balance Units	0.0
Balance Dollars	0.0
Quantity Used Dollars	0.0
Quantity Used Units	0.0
Claims First Paid Date	N/A
Claims Last Paid Date	N/A
Receive Alert?	NO
Alert Threshold	90%
Status	
Payment Method	Pay Unit Fee Price w/Unit U
Claims Activity	<input type="checkbox"/>

**Activities of Daily Living :**

Bathing ☒

Dressing ☐

Toileting ☐

Mobility ☐

Transferring ☐

Eating ☐

Supervision ☐

Memory/Cognition ☐

**Instrumental Activities of Daily Living :**

Hygiene ☐

Medication Management ☐

Transportation ☐

Money Management ☐

Shopping ☐

Meal Preparation ☐

Laundry ☐

Accessing Resources ☐

House Work ☐

**Frequency Calculator**

Unit Value

No. Days/Hrs/Trips 0

Days/Wk

No. of Weeks

No. of Months

Recommended Units 0

Max Amount

Goal1 test

Goal2

Goal3

Goal4

Goal5

Buttons: delete add

MMIS PA Number   
 Bridge PPA Number   
 PA Status   
 Process Status   
 Amendment Status   
 Process Status Date   
 Selected Benefit Plan   
 Provider ID   
 Current Benefit Plan   
 Claims Activity ☐

Client ID   
 Client Last Name   
 Client First Name   
 Client Birth Date   
 Support Level   
 Receive Alert   
 Cert Start Date   
 Cert End Date   
 Authorized SPAL/CES Limit   
 Total SPAL/CES Spend   
 HCBS AVG Daily Cost   
 LTHH AVG Daily Cost   
 Total AVG Daily Cost

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
02		A0100 -NONEMERGENCY TRANSPORT TAX U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y
01		T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	09/30/2018	Y	N	Y

Line   
 Rendering Provider ID   
 Provider Name   
 Service   
 Service Description   
 Additional Service Description

Units   
 Dollars   
 Eff Date   
 End Date

Balance Units   
 Balance Dollars   
 Quantity Used Dollars   
 Quantity Used Units   
 Claims First Paid Date   
 Claims Last Paid Date   
 Receive Alert?   
 Alert Threshold   
 Status   
 Payment Method   
 Claims Activity ☐

**Activities Of Daily Living :**  
 Bathing ☐  
 Dressing ☐  
 Toileting ☐  
 Mobility ☒  
 Transferring ☐  
 Eating ☐  
 Supervision ☐  
 Memory/Cognition ☐

**Instrumental Activities of Daily Living :**  
 Hygiene ☐  
 Medication Management ☐  
 Transportation ☐  
 Money Management ☐  
 Shopping ☐  
 Meal Preparation ☐  
 Laundry ☐  
 Accessing Resources ☐  
 House Work ☐

**Frequency Calculator**  
 Unit Value   
 No. Days/Hrs/Trips   
 Days/Wk   
 No. of Weeks   
 No. of Months   
 Recommended Units   
 Max Amount

Goal1   
 Goal2   
 Goal3   
 Goal4   
 Goal5

Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
Save was successful	Base Information		

MMIS PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	INACTIVE	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$0.00
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$0.00

Sync

Check Limits

Submit PPA

Delete

Print



Message Description	Panel	Field	Row
System Check has found issues with PPA. Please review Message Panel notifications.	Base Information		

MMS PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	SUSPENDED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHM AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Error Code	Line
A B056	

Error Code	B056
Message	ADL-DRESSING NOT LINKED

Open Tab save cancel new help Audit Show All

MMS PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDONG
PA Status	APPROVED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHM AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information		Line Item X	Messages	CDASS Allocation	External Text	Internal Text					
Line	Status	Service Description			Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1			365.000	\$51.92	10/01/2017	09/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1			100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
PPA is now awaiting system submission to PA. Base Information			

MMES PA Number		Client ID	Y129188
Bridge PPA Number	104896	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	SUBMITTED TO IC	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information	Line Item	Messages	CDASS Allocation	External Text	Internal Text
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Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	09/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAX U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



# REVISING PPA ON BRIDGE



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MMIS PA Number	<input type="text" value="6182080001"/>	Client ID	<input type="text" value="Y129188"/>
Bridge PPA Number	<input type="text" value="104996"/>	Client Last Name	<input type="text" value="PUDDING"/>
PA Status	<input type="text" value="APPROVED"/>	Client First Name	<input type="text" value="APPLE"/>
Process Status	<input type="text" value="SUBMITTED TO IC"/>	Client Birth Date	<input type="text" value="01/01/1947"/>
Amendment Status	<input type="text" value="APPROVED"/>	Support Level	<input type="text"/>
Process Status Date	<input type="text" value="08/02/2018"/>	Receive Alert	<input type="text" value="NO"/>
Selected Benefit Plan	<input type="text" value="HCBS-Elderly, Blind and Disabled (EBD)"/>	Cert Start Date	<input type="text" value="10/01/2017"/>
Provider ID	<input type="text" value="40770141"/>	Cert End Date	<input type="text" value="09/30/2018"/>
Current Benefit Plan	<input type="text" value="EBD 01/01/2014-12/31/2299"/>	Authorized SPAL/CES Limit	<input type="text" value="\$0.00"/>
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	<input type="text" value="\$0.00"/>
		HCBS AVG Daily Cost	<input type="text" value="\$53.29"/>
		LTHH AVG Daily Cost	<input type="text" value="\$0.00"/>
		Total AVG Daily Cost	<input type="text" value="\$53.29"/>

Base Information XLine Item XMessages XCDASS Allocation XExternal Text XInternal Text X

MMIS PA Number6182080001

Bridge PPA Number104996

PA StatusAPPROVED

Process StatusAccepted by iC

Amendment Status

Process Status Date07/27/2018

Choose Benefit Plan254 - HCBS-Elderly, Blind and Disabled (EBD)

Provider ID40770141

Client ID\*Y129188

Client Last NamePUDDING

Client First NameAPPLE

DOB01/01/1947

Support Level

Receive AlertNO

Cert Start Date10/1/2017

Cert End Date9/30/2018

Authorized SPAL/CES Limit

Total SPAL/CES Spend\$0.00

HCBS AVG Daily Cost\$53.29

LTHH AVG Daily Cost\*

Total AVG Daily Cost\$53.29

Search



MMIS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	ACCEPTED BY IC	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Buttons: [Sign] [Check Limits] [Submit PPA] [Delete] [Print]

Base Information Line Item Messages CDASS Allocation External Text Internal Text										
Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals	
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	09/30/2018	Y	N	Y	
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y	

# REVISING PPA ON BRIDGE

## End Dates



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Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2021 -Alternative Care Facility U1	273.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAX U1	100.000	\$3.00	10/01/2017	06/30/2018	Y	N	Y

Line

01

Rendering Provider ID

Search

Provider Name

Service

T2021 -Alternative Care Facility U1

Service Description

T2021 -Alternative Care Facility U1

Additional Service Description

Units

273.000

Dollars

\$51.92

Eff Date

10/1/2017

End Date

6/30/2018

Balance Units

000.0

Balance Dollars

0.0

Quantity Used Dollars

0.0

Quantity Used Units

0.0

Claims First Paid Date

N/A

Claims Last Paid Date

N/A

Receive Alert?

NO

Alert Threshold

90%

Status

APPROVED

Payment Method

Pay Unit Fee Price w/Unit Lin

Claims Activity

☐

Activities Of

Daily Living :

Bathing ☒

Dressing ☐

Toileting ☐

Mobility ☐

Transferring ☐

Eating ☐

Supervision ☐

Memory/Cognition ☐

Instrumental Activities of

Daily Living :

Hygiene ☐

Medication Management ☐

Transportation ☐

Money Management ☐

Shopping ☐

Meal Preparation ☐

Laundry ☐

Accessing Resources ☐

House Work ☐

Frequency Calculator

Unit Value

Day

No. Days/Hrs/Trips

0

Days/Wk

No. of Weeks

No. of Months

Recommended Units

0

Max Amount

0

Goal1

test

Goal2

Goal3

Goal4

Goal5

delete

add

Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
Save was successful	Base Information		

MMS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104995	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status	INACTIVE	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information Line Item Messages CDASS Allocation External Text Internal Text

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



Open Tab save cancel new help Audit Show All

MMIS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status	APPROVED	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information		Line Item	Messages	COASS Allocation	External Text	Internal Text					
Line	Status	Service Description			Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1			365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1			100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



Open Tab
save
cancel
new
help
Audit
Show All

Message Description	Panel	Field	Row
PPA is now awaiting system submission to PA.	Base Information		

MMIS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	SUBMITTED TO IC	Client Birth Date	01/01/1947
Amendment Status	APPROVED	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Sync
Check Limits
Submit PPA
Delete
Print

Base Information
Line Item
Messages
CDASS Allocation
External Text
Internal Text

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



# REVISING PPA ON BRIDGE

## Adding New Line Item



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Department of Health Care  
Policy & Financing

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	273.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAX U1	100.000	\$3.00	10/01/2017	06/30/2018	Y	N	Y

<div> <div>Line</div> <div>01</div> </div> <div> <div>Rendering Provider ID</div> <div></div> <div>Search</div> </div> <div> <div>Provider Name</div> <div></div> </div> <div> <div>Service</div> <div>T2031 -Alternative Care Facility U1</div> </div> <div> <div>Service Description</div> <div>T2031 -Alternative Care Facility U1</div> </div> <div> <div>Additional Service Description</div> <div></div> </div> <div> <div>Units</div> <div>273.000</div> </div> <div> <div>Dollars</div> <div>\$51.92</div> </div> <div> <div>Eff Date</div> <div>10/1/2017</div> </div> <div> <div>End Date</div> <div>6/30/2018</div> </div> <div> <div>Balance Units</div> <div>000.0</div> </div> <div> <div>Balance Dollars</div> <div>0.0</div> </div> <div> <div>Quantity Used Dollars</div> <div>0.0</div> </div> <div> <div>Quantity Used Units</div> <div>0.0</div> </div> <div> <div>Claims First Paid Date</div> <div>N/A</div> </div> <div> <div>Claims Last Paid Date</div> <div>N/A</div> </div> <div> <div>Receive Alert?</div> <div>N/A</div> </div> <div> <div>Alert Threshold</div> <div>90%</div> </div> <div> <div>Status</div> <div>APPROVED</div> </div> <div> <div>Payment Method</div> <div>Pay Unit Fee Price w/Unit Lin</div> </div> <div> <div>Claims Activity</div> <div><input type="checkbox"/></div> </div>	<div> <div>Activities Of</div> <div>Daily Living :</div> <div>Bathing <input checked="" type="checkbox"/></div> <div>Dressing <input type="checkbox"/></div> <div>Toileting <input type="checkbox"/></div> <div>Mobility <input type="checkbox"/></div> <div>Transferring <input type="checkbox"/></div> <div>Eating <input type="checkbox"/></div> <div>Supervision <input type="checkbox"/></div> <div>Memory/Cognition <input type="checkbox"/></div> </div> <div> <div>Instrumental Activities of</div> <div>Daily Living :</div> <div>Hygiene <input type="checkbox"/></div> <div>Medication Management <input type="checkbox"/></div> <div>Transportation <input type="checkbox"/></div> <div>Money Management <input type="checkbox"/></div> <div>Shopping <input type="checkbox"/></div> <div>Meal Preparation <input type="checkbox"/></div> <div>Laundry <input type="checkbox"/></div> <div>Accessing Resources <input type="checkbox"/></div> <div>House Work <input type="checkbox"/></div> </div> <div> <div>Frequency Calculator</div> <div>Unit Value</div> <div>Day</div> <div>No. Days/Hrs/Trips</div> <div>0</div> <div>Days/Wk</div> <div></div> <div>No. of Weeks</div> <div></div> <div>No. of Months</div> <div></div> <div>Recommended Units</div> <div>0</div> <div>Max Amount</div> <div>0</div> </div> <div> <div>Goal1</div> <div>test</div> <div>Goal2</div> <div></div> <div>Goal3</div> <div></div> <div>Goal4</div> <div></div> <div>Goal5</div> <div></div> </div>
--	---

delete

add

MMS PA Number		Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	INACTIVE	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status		Support Level	
Process Status Date	07/26/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$0.00
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$0.00

Buttons: Sync Check Limits Submit PPA Delete Print

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01		T2031 -Alternative Care Facility U1	365.000	\$51.92			N	N	N

Line	01
Rendering Provider ID	
Provider Name	
Service	T2031 -Alternative Care Facility U1
Service Description	T2031 -Alternative Care Facility U1
Additional Service Description	
Units	365
Dollars	\$51.92
Eff Date	10/1/2017
End Date	9/30/2018
Balance Units	0.0
Balance Dollars	0.0
Quantity Used Dollars	0.0
Quantity Used Units	0.0
Claims First Paid Date	N/A
Claims Last Paid Date	N/A
Receive Alert?	NO
Alert Threshold	90%
Status	
Payment Method	Pay Unit Fee Price w/Unit U
Claims Activity	<input type="checkbox"/>

**Activities of Daily Living :**

Bathing ☒ Dressing ☐ Toileting ☐ Mobility ☐ Transferring ☐ Eating ☐ Supervision ☐ Memory/Cognition ☐

**Instrumental Activities of Daily Living :**

Hygiene ☐ Medication Management ☐ Transportation ☐ Money Management ☐ Shopping ☐ Meal Preparation ☐ Laundry ☐ Accessing Resources ☐ House Work ☐

**Frequency Calculator**

Unit Value

No. Days/Hrs/Trips

Days/Wk

No. of Weeks

No. of Months

Recommended Units

Max Amount

Goal1 test

Goal2

Goal3

Goal4

Goal5

Buttons: delete add

Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
Save was successful	Base Information		

MMS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104995	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status	INACTIVE	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information Line Item Messages CDASS Allocation External Text Internal Text

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y





Open Tab save cancel new help Audit Show All

MMS PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDDING
PA Status	APPROVED	Client First Name	APPLE
Process Status	WORK IN PROGRESS	Client Birth Date	01/01/1947
Amendment Status	APPROVED	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Base Information		Line Item		Messages		CDASS Allocation		External Text		Internal Text		
Line	Status	Service Description				Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1				365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1				100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



Open Tab save cancel new help Audit Show All

Message Description	Panel	Field	Row
PPA is now awaiting system submission to PA.	Base Information		

MMES PA Number	6182080001	Client ID	Y129188
Bridge PPA Number	104996	Client Last Name	PUDGING
PA Status	APPROVED	Client First Name	APPLE
Process Status	SUBMITTED TO IC	Client Birth Date	01/01/1947
Amendment Status	APPROVED	Support Level	
Process Status Date	07/27/2018	Receive Alert	NO
Selected Benefit Plan	HCBS-Elderly, Blind and Disabled (EBD)	Cert Start Date	10/01/2017
Provider ID	40770141	Cert End Date	09/30/2018
Current Benefit Plan	EBD 01/01/2014-12/31/2299	Authorized SPAL/CES Limit	
Claims Activity	<input type="checkbox"/>	Total SPAL/CES Spend	\$0.00
		HCBS AVG Daily Cost	\$53.29
		LTHH AVG Daily Cost	\$0.00
		Total AVG Daily Cost	\$53.29

Sync Check Limits Submit PPA Delete Print

Base Information Line Item Messages CDASS Allocation External Text Internal Text

Line	Status	Service Description	Units	Dollars	Eff Date	End Date	ADL	IADL	Goals
01	APPROVED	T2031 -Alternative Care Facility U1	365.000	\$51.92	10/01/2017	06/30/2018	Y	N	Y
02	APPROVED	A0100 -NONEMERGENCY TRANSPORT TAXI U1	100.000	\$5.00	10/01/2017	09/30/2018	Y	N	Y



# COMMON QUESTIONS ABOUT PETI



**COLORADO**

Department of Health Care  
Policy & Financing

# COMMON QUESTION #1

**How is the individual's Gross Income calculated for the PETI worksheet on the Bridge?**

An individual's income calculation for financial eligibility for Medicaid is automatically populated from CBMS to the PETI worksheet. However, the PETI worksheet requires gross income, which may be different than an individual's eligibility income. Case managers who identify discrepancies, can modify the PETI worksheet to account for an individual's gross income and then recalculate.

# COMMON QUESTION #2

**How many PETI worksheets should there be for a certification period?**

There should be only one PETI worksheet per line item during a certification period. There can be multiple worksheets and line items if there are any changes in income or rate, or a change in service. Please note that the PETI worksheet should not be created with overlapping dates. Please end-date the existing PETI worksheet when there is any change in the client's income or rate. Then create a new PETI worksheet and a corresponding line item, for the remaining time span.

# COMMON QUESTION #3

**Can there be more than one PETI worksheet with overlapping dates?**

No, PETI worksheets should not be created with overlapping dates. When there is a change in an individual's income or rate, case managers must end-date the existing PETI worksheet and create a new PETI worksheet and corresponding line item for the remaining time span.

# COMMON QUESTION #4

**Should the PETI worksheet timespan match the PPA timespan?**

Yes, when case managers create or revise a PETI worksheet, both the PETI worksheet and the PPA must have matching timespans.

# COMMON QUESTION #5

**What if an individual's income changes after submitting the PETI worksheet?**

PETI needs to be recalculated when there is a change of at least \$50 in an individual's gross income. Case managers must end-date the existing PETI worksheet and PPA line item. Then case managers must create a new PETI worksheet and new PPA line item for the remaining time span.



# COMMON QUESTION #6

**What if the SLP or ACF rate changes during an individual's certification span?**

The Bridge automatically updates PETI worksheets and PPAs when SLP or ACF rates change. This eliminates the need for case managers to revise PETI worksheets and PPAs for most individuals. Case managers must check all client records for accuracy and send the new PETI and PPA documentation to individuals and providers after the automated process is run. The Department communicates specific instructions to case managers before each run of the automated process.

# COMMON QUESTION #7

**What if an individual moves from an ACF to an SLP, or from one SLP to another SLP within the same certification span?**

PETI worksheet and PPA revisions should be done when an individual moves to a different SLP, or from an ACF to an SLP. Case managers must end-date the existing PETI worksheet and PPA line item. Then create a new PETI worksheet and PPA line item for the remaining time span.

# COMMON QUESTION #8

**Can I create / revise a PETI worksheet retroactively after if I find out there was an income change?**

No. PETI worksheet revisions based on income changes can only be effective from the day the case manager is notified of the change. When a case manager learns an individual's income changed after creating/revising a PETI worksheet, the revision to reflect the income change must be for the future only. Revisions to an existing PETI worksheet cannot be made if there are claims attached to the PPA line item.

# COMMON QUESTION #9

**If the PETI worksheet entered has incorrect income or other details, how do I correct it?**

A PETI worksheet must be deleted if a corresponding PPA line item does not exist. A new PETI worksheet can be created with a corresponding PPA line item with the correct information.

If a PETI worksheet is attached to the line item, contact the DXC helpdesk and request a data fix.

# COMMON QUESTION #10

**When should a PETI worksheet be deleted?**

A PETI worksheet can only be deleted when a corresponding line item does not exist.

# COMMON QUESTION #11

## Can I revise units / dates on the PPA?

Case managers can only revise the end dates of the line items for ACF and SLP services. The units will automatically calculate and update in the Bridge based on the date span of the line item.

# COMMON QUESTION #12

**Can I change the PETI Type if I selected the incorrect one in the PETI worksheet, after I've calculated and saved it?**

If a corresponding line item is not created in PPA for the PETI worksheet, please delete the PETI worksheet and create new one with correct 'PETI Type'. The 'PETI Type' in the PETI worksheet should never be changed after creating the corresponding line item in the PPA. If you need support to fix incorrect information, please contact the DXC helpdesk.

# SUMMARY



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# SUMMARY

9/15/18 Automation on Bridge to begin

10/1/18 Rate change effective for ACF

Check for accuracy after changes are made in PETI worksheet and the PPA line item

Case managers complete PETI worksheet first and PPA second on the Bridge

PETI worksheet must be printed for individual's signature and distribution to provider



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# SUMMARY

## Select:

- ‘Calculate’ / ‘Recalculate’ and ‘Save’ when revising PETI worksheet
- ‘Sync’ button before working on a PPA
- ‘Save’, ‘Check Limits’, and ‘Submit’ when revising PPA

## Ensure:

- Timespan for the PETI worksheet matches timespan of PPA line item
- No duplicate or overlapping PETI worksheets for a certification period
- No duplicate or overlapping ACF/SLP line items for a certification period

# QUESTIONS?



# CONTACT INFORMATION

CCM Help Desk  
[CCMHHELPDESK@dxcc.com](mailto:CCMHHELPDESK@dxcc.com)



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# THANK YOU!



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